### Supplemental Application Data Sheet

Application Information

Application Number:: 10/561,509

Filing Date:: December 20, 2005

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: VERTEBRAL OSTEOSYNTHESIS

EQUIPMENT

Attorney Docket Number:: 0573-1024

Request for Early No

Publication?::

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 3
Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No.

Petition Type::

Licensed US Gov't Agency::
Contract or Grant Numbers::

Secrecy Order in Parent No

Appl.?::

#### Applicant Information

Applicant One Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN-LUC

Middle Name::

Family Name:: CLEMENT

Name Suffix::

City of Residence:: LA COLLE SUR LOUP

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 230 CHEMIN DE MONTFORT

City of Mailing Address:: LA COLLE SUR LOUP

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-06480

Applicant <u>Two</u> Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: VINCENT

Middle Name::

Family Name:: FIERE

Name Suffix::

City of Residence:: LYON

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 50 BOULEVARD DES BELGES

City of Mailing Address:: LYON

State or Province of Mailing Address::

Applicant Three Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: JEAN

Middle Name::

Family Name:: TAYLOR

Name Suffix::

City of Residence:: CANNES

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: VILLA PORALTO

25 AVENUE DE PORALTO

City of Mailing Address:: CANNES

State or Province of Mailing Address::

Applicant Four Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: YVES

Middle Name::

Family Name:: ADAM

Name Suffix::

City of Residence:: AUTHIE

State or Province of Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 4 ROUTE DE SAINT LOUET

City of Mailing Address:: AUTHIE

State or Province of Mailing Address::

Applicant <u>Five</u> Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: BERNARD

Middle Name::

Family Name:: VILLARET

Name Suffix::

City of Residence:: CROIX-CHAPEAU

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 20 RUE DE SALLES

City of Mailing Address:: CROIX-CHAPEAU

State or Province of Mailing Address::

# Correspondence Information

Correspondence	Customer	Number::	00466	
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### Representative Information

Representative	Customer N	Number::	00466	7

# Domestic Priority Information

This application	National Stage of	PCT/IB2004/002463	6/24/04	
PCT/IB2004/002463	An application claiming the benefit under 35 USC 119(e)	60/490,519	7/29/03	

# Foreign Priority Information

Country::	Application Number::	E:1: E	
		Filing Date::	Priority Claimed::
FRANCE	03/07776	6/27/03	Yes
FRANCE	04/00747		ies
EDANOR		1/27/04	Yes
FRANCE	04/03413	4/1/04	Yes

### Assignment Information

Assignee Name::

MEDICREA TECHNOLOGIES

Street of Mailing Address::

Z.I. CHEF DE BALE

City of Mailing Address::

LA ROCHELLE

State or Province of Mailing Address::

Country of Mailing Address::

FRANCE

Postal or Zip Code of Mailing Address::

F-17000